Phthisis Pulmonalis.

Respectfully Submitted to the Faculty,
of the
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Similia
similibus
curantur.

"Phthisis Pulmonalis"

The term Phthisis is used to denote that state of the lungs when tuberculous matter has been formed or deposited in them. This disease is peculiar to no race, no age, no rank. It is likely to knock at the door of all. The youth in life's green spring, man hoods prime, and hoary age have all been met by this disease. The King in his palace, the peasant in his cottage, are both liable to meet its well known features. The frozen North, and the sunny South have, and still continue to receive its stealthy visits; it prevails in fact throughout the entire land, but to a much greater extent in the northern, than the southern latitudes. It has been estimated that about one sixth of the deaths occuring north of the tropics, has been caused by this fell and dreaded disease. Its choicest victims are our loveliest, and best; it appears to bear a shining mark. Those who are constitutionly

disposed to it, may be said to possess a tubercu-
lous or scrofulous diathesis, that is a predispos-
tion to deposit a peculiar substance or
matter which from the many fissures of the body
it attacks or the form it assumes is called
Tubercle.

This diathesis is indicated
by a clear Rosy complexion, soft, thin, delicate
skin, large blue eyes, ample forehead, a long
slender chest, or a flattened chest, which is some
times brot forward, thereby giving great prom-
inance to the scapula, and in childhood
by a sprightly and precocious disposition,
sanguine temperament and thick upper lip;
sometimes the skin is dark and transparent,
and the eyes dark, although there is the
same characteristic of delicacy and vivacity.

Tubricles may be deposited in
three distinct forms, and is a peculiar kind
of unhealthy lymph generaly found in round

masses, from which it receives the name of tubercle.

The first form is in masses, round or irregular of a yellow color and hence called common cheesy tubercle. 2d the milliary tubercles of small granules, like millet-seed, bluish, white semi-transparent, often found in great quantities. 3d. Tubercular infiltration; the morbid matter being uniformly infiltrated or diffused through an entire organ. In the first form it is most frequently found in the lungs.

In the first stage it is deposited slowly and insidiously, causing no pain. In the 2d Stage the surrounding tissues inflame and form an abcess, which contains the tubricle softened and broken down by the effusion of serum and pus. After a time the abcess bursts, allows the tubricle to escape, and then if favourable cases, may contract and heal. Sometimes the tubricle undergoes a natural cure, the softer particles

being absorbed; and nothing being left but the phosphate and carbonate of lime they contained, which may lie quiescent in the lung for a whole life. In some few cases the softened mass becomes gradualy reabsorbed, disappears and the cavity formed by the destruction of tissue is filled by the formation of a cicatrix. Tubercle appears to originate from a defect in the vitality of the fibrine in the blood, which is incapable of developing within itself the germ cells of healthy tissue and falls into a state of imperfect organization. It is more liable to occur in an organ whose structure and vitality are impaired by inflimation. but it is generally a perversion of nutrition. When the deposit has matured, inflimations and ulcera-tions take place and a passage is established between the tubricle and bronchia, one or more of which communicate with a tubricle and the contents are discharged, leaving a cavity technically called vomica, which is lined by

a false membrane, which secretes a pus-like substance. Sometimes these cavities or vomicae unite and form one large cavern, not unfrequently occupying the whole upper lobe of the lung. Of the two the left lung appears to be most usually selected for these tubercular deposits. This disease is so insidious that the Castle may be stormed before the unwary victim is alarmed.

The course is usually marked by 3 distinct stages — The symptoms of the first stage vary. There is a dry hacking cough followed after a time by expectoration of mucous, and then of a yellowish opaque matter. The cough which is slight at first is considered one of the most prominent symptoms, and is supposed to be owing to some bronchial irritation, produced by tubercles acting as foreign bodies in the lungs. The quantity expectorated varies, in some cases being very copious and in others scarcely noticeable.

The pulse becomes somewhat accelerated, fugitive pains are felt about the chest and in the scapular region, emaciation begins to come on, although the appetite may be good and unimpaired. The patient tires easily from any exertion and sometimes breathes with difficulty. The fever now is somewhat hectical and is attended with some perspiration.

In the second stage decided symptoms are established; the countenance is characteristic; the eyes generally become very brilliant, they are sometimes, but very seldom dull and heavy. The patient finds difficulty in lying on one of his sides and not unfrequently can lie only on his back. The digestive system now begins to suffer; thirst, loss of appetite, and abdominal pains torment the patient. A wasting and persistent diarrhoea now appears.

The patient begins to feel pain in the opposite side of the chest,— which is a sure sign the terrible disease has attack'd the Remaining lung. The expectoration now exhibits instead of muco-purulent matter, lumps of cheesy matter which still are purulent. This indicates the discharge or throw-ing off of softened tubercles. The fever increases, and has now become decidedly hectic, and caused by the constant irritation in an already debilita-ted system. Profuse sweats occur at night, during sleep, caused also by the debility of the patient, and contributing still further to weaken him. Occasionally at this stage of the disease, there is a slight haemoptysis, occasioned by the ulcera-tion of some small blood vessel;— this symptom tends very strongly to confirm the diagnosis. The finger nails are altered in shape, they become slightly curved, and in females the Catamenia is suppressed. The cough becomes less violent and the poor sufferer imagines he is getting better; but the

delusion cannot last long, for after a time his cough becomes more violent and is in paroxysms. Respiration is now more difficult, the pulse becomes quick, and runs up to One hundred and twenty or One hundred and forty beats per minute, the face is flushed, the tongue furred, and the 3d stage is now fast and surely approaching.

3d stage. In this the symptoms mentioned in the first and second stages are all aggrivated. The night sweats are so profuse that the sheets in which the patient has slept, may be wrung, and cause the sufferer to dread the thought of sleep. The cough is much worse in the morning on account of the accumilation of the night. The debility and emaciation very much increase, the patient now becomes confined to his bed, oedema of the feet and legs appear, bed sores are apt to form, dyspnoea at times is very excessive, aphthae sometimes appears in the mouth, and desquamation of the epithelium

from the throat, occasioning the sore throat so often complained of. The voice becomes inaudible and Respiration difficult. The chest is flat, the cheeks hollow, the shoulders Round, the clavicle prominant. The expiratory sound is prolonged and the inspiration is very irregular, being wavy or jerking. The vibrations caused by the voice and cough become perceptable to the hand. The mind generaly Remains clear and hopefull. The patient becomes too weak to expectorate, there is now no cough; the pus accumilates and the breathing ceases. Death may occur suddenly from haemorrhage, or the closing scene may be very gradual, and dependant only on the debility.

The symptoms vary, and the most usual course of the disease only has been traced, it may be very Rapid in its course, terminating in a few months, or in two or three weeks, when thus Rapid it is called Acute

Phthisis, or in common parlance quick or galloping consumption, or it may as in cases on Record, last nearly half a century, but most cases end in the second year.

This course is often arrested by pregnancy, and has been held in check for years, during the child-bearing period to return with terrible increase after the turn of life, hurrying its victim to the grave in the course of a few months.

In speaking of the predisposing causes of Phthisis, inheritance comes first in its influence. It may be inherited from one parent, but most generally from two. We often observe whole families, one by one cut down by this disease as they Reach maturity. Cold exerts strong influence in producing it, and, on this account it prevails to a greater extent in cold than in warm or milder climates. What

ver tends to produce a continued debility, will produce or predispose to it. Scrofula, colds, the abuse or use of mercury in excess, diminution of the capacity of the chest from tight lacing or an acquired habit of stooping as found in seamstresses, neglect of the early symptoms, grief, indolence, despondency, intense mental application, anxiety, want of proper exercise, dosing with drugs, sitting and sleeping in over heated apartments and frequenting crowded assemblies in poorly ventilated halls, living in cellars and dark gloomy poorly ventilated apartments, where the light of the sun seldom or ever penetrates, hard, all have been supposed forerunners of this disease. But one of the greatest causes some learned writers affirm to be the Result of long continued masturbation.

Of exciting causes,
cold operating by producing pneumonia,

pleurisy and cattarrh, any thing that may cause irritation of the lungs or violent exercise of the lungs may with propriety be placed under the class of Excitants.

Women are no doubt more liable to the disease than men, on account of their sedentary habits, and their organization being more delicate, they wear thin shoes, lace tight and dress as to afford but little and sometimes scarcely any protection to their shoulders and chest, and all of these tend in a great measure to multiply the disease amongst them.

Occupation has much to do with it. Young men and women, children of rich parents and brought up in idleness, young clergymen, lawyers and teachers; boys and girls who are kept long and steadily in schools or work at handicraft employments which Require Skill Rather than Strength,

and are carried on within doors, such as clerks, shopkeepers, seamstresses, apprentices, tailors, weavers, milliners, together with those who labor in large manufacturing establishments, where the power is not vital but physical and the confinement protracted, are the class of persons most likely to have this disease developed in them. While farmers, mechanics and out-door laborers are very seldom attacked by it.

In the treatment all writers agree that but little or no avail can be obtained from the use of medicines, although they may sometimes be of much good and prolong life for a time. Those whose experience in the disease is the largest are found to give the smallest doses. Occasionally some sanguine practitioner fancies he has at last found the Remedy, from observing the beneficial effects of his prescription on a

few cases, but the Relief is only a transient
one, and the disease soon starts on its pro=
=gress and no medication, no matter how
judiciously selected according to our law
of cure (the Similars) is able to arrest its
course, and the conviction is gradualy forced
on our minds, that except in the incipient
stages the help of man is of but little
avail, although in many cases it is un=
=doubtedly curable by the most Homoeo=
=pathic treatment, yet nature must do much
to assist us in our endevours, and yet if
we do not cure we may prolong life for
years; And here lies the difficulty; so
decietful is the disease, so insidious in its
approach, that no danger is apprehended
until it is too late to ward it off, and
in a vast majority of cases all that is
left is to smooth the pathway to the grave
and point the sufferer to that great Phy=

=sician of souls, whose skilful hand never fails, whose remedies are all powerful. The inhalation of fresh pure air and proper exercise are the most familiar, simple, salutary and efficacious hygienic and preventative agents. Not exercise taken bundled up in flannels, of a few minutes duration, but continual Regular exercise indulged in for months and years. This must not be so violent or forced, as it would greatly fatigue; but as the strength will allow it may be gradually increased; and neither should it be discontinued as cold weather approaches. Next in importance is temperature of the body; every person of a consumptive constitution should wear flannels under their linen, as it serves to stimulate their skin, and in case of a slight exposure to a draft of air or to cold apartments, guards the person against

taking cold. The diet is of great importance, as the object is to inhabit vigor while guarding against inflimation; the most nutritious and unstimulating food should be taken; fruit and vegtables are perhaps the most suitable. As far as possible the mind should be kept quiet and all disturbing influences shut out. Travling is often beneficial and serves to divert the mind, and affords a great change and variety of scenery, which prevents it from feeding on itself. A firmly grounded, firm, religious faith, with its cheerful hopes, will be a stay and solace when all else fails.

Of all diseases this is the favourite one of quacks. Acute diseases and the patients life is speedily come to give them fair scope for their farther operations. But in this every thing combines to give them full & foul play. Obstinate ignorance and flattering

hour unite to fill his sails, and forms the
cloud to break in golden showers over his
head. The intelligent, enlightened physician.
too honest to deceive is cast aside for the
Charlatan; who promises a speedy Remedy,
a Remedy that has already cured its
thousands, and has never yet failed to
reach the most obstinate case; a Remedy
discovered like this continent, only after
long, profound, study and attempts often
baffled. Indomnitable perseverance had
at length found its Reward, the godess of
health smiled benignly on her favourite
son, revealing to him the magic compound;
hope revives in the heart of the sufferers
and Phthisis Pulmonalis, that for long
ages has gone forth conquering and to
conquer, feels that his work is done and
surrenders arms, and Retires discomfited from
the field. This many a poor deluded

patient believes and with the advice of many friends tries the great Remedy of Dr Spurr to kill, and after a time finds himself with an empty purse and many marks nearer his grave, and a constitution so sore that no human aid can stay his slipping feet.

It has been already said that in this disease medicine is of but little value, yet in conjunction with the measures Recorded, We have many Remedies in our Materia Medica which have proved highly beneficial in many cases in their incipient stage. the following are perhaps the most prominent; Aconite, Arsenicum, Aurum mur:, Belladonna, Bryonia, Calcarea Carb, China, Kali Carb, Lycopodium, Nux Vomica, Merc viv, Nit Acd, Phos, Pul, Rhus tox, Sepia, Stann, Sul, Samb, Silic and Tartar emetic.